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| Fill in this information to identify your | case: | |
|---|---|---|
| United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA | | FILED |
| Case number (if known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | 2017 AUG 25 P 1: 49 CLERK UEB Check frijs is am URT ALF amended filling // SLON |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P | art 1: Identify Yours | elf | |
|----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on yo government-issued picture identification (for example, | Larry First Name | First Name |
| | your driver's license or passport). | Alphonza Middle Name | Middle Name |
| | pacopoly, | Bowen | |
| | Bring your picture identification to your meeting | Last Name | Last Name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 | First Name | First Name |
| | years | | V. 20 C. |
| | Include your married or | Middle Name | Middle Name |
| | maiden names. | Last Name | Last Name |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>7</u> <u>1</u> <u>3</u> <u>6</u> | xxx - xx |
| | number or federal Individual Taxpayer | OR | OR |
| | Identification number (ITIN) | 9xx - xx | 9xx - xx |

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| Debtor 1 Larry Alphonza E | | Larry Alphonza Bo | wen | Case number (if known) | | |
|---------------------------|------------------|---|---|--|--|--|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 4. | and En | usiness names mployer | ✓ I have not used any business names or EIN | ls. | | |
| | (EIN) y | ication Numbers ou have used in t 8 years | Business name | Business name | | |
| | | trade names and | Business name | Business name | | |
| | doing b | ousiness as names | Business name | Business name | | |
| | | | EIN — ~ — — — — — — — | EIN | | |
| | | | EIN | EIN | | |
| 5. | Where | you live | | If Debtor 2 lives at a different address: | | |
| | | | 18128 Purvis Dr. Number Street | Number Street | | |
| | | | | | | |
| | | | Triangle VA 22172 City State ZIP Code | City State ZIP Code | | |
| | | | Prince William County | County | | |
| | | | If your mailing address is different from | If Debtor 2's mailing address is different | | |
| | | | the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | from yours, fill it in here. Note that the court will send any notices to you at this mailing address. | | |
| | | | 9325 Hersch Farm Ln. | | | |
| | | | Number Street | Number Street | | |
| | | | P.O. Box | P.O. Box | | |
| | | | Manassas VA 20112 City State ZIP Code | City State ZIP Code | | |
| 6. | Why ye | ou are choosing | Check one: | Check one: | | |
| υ. | this dis | strict to file for | Over the last 180 days before filing this | Over the last 180 days before filing this | | |
| | bankruptcy | | petition, I have lived in this district longer than in any other district. | petition, I have lived in this district longer than in any other district. | | |
| | | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| Р | art 2: | Tell the Court A | bout Your Bankruptcy Case | | | |
| 7. | Bankru | apter of the | Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top or | otice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box. | | |
| | are cno under | oosing to file | Chapter 7 | | | |
| | | | Chapter 11 | | | |
| | | | Chapter 12 | | | |
| | | | Chapter 13 | | | |

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| Det | otor 1 <u>Lar</u> ı | y Alphonza Bo | owen | | | Case nur | mber (if known) | | |
|-----|---|-----------------------|------|-------------------------|---|----------------------------------|---|--|--|
| 8. | How you wi | Il pay the fee | Ø | court pay v | pay the entire fee when I file my petition for more details about how you may pay with cash, cashier's check, or money orde llf, your attorney may pay with a credit car | . Typical er. If you | lly, if you are pay r attorney is subi | ring the fee yourself, you may mitting your payment on your | |
| | | | | | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). | | | | |
| | | | | By la than fee in | uest that my fee be waived (You may re w, a judge may, but is not required to, wa 150% of the official poverty line that appl n installments). If you choose this option, g Fee Waived (Official Form 103B) and fil | ive your ies to yo you mus | fee, and may do ur family size an st fill out the App | so only if your income is less d you are unable to pay the | |
| 9. | Have you file | | | No | | | | | |
| | bankruptcy last 8 years* | iptcy within the | | Yes. | | | | | |
| | · | | Dist | rict _ | | _ When | MM / DD / YYYY | Case number | |
| | | | Dist | rict | | When | | Case number | |
| | | | Dist | rict _ | | | | Case number | |
| 40 | A . | | _ | NI. | | | MM / DD / YYYY | | |
| 10. | Are any bankruptcy cases pending or being | ☑ | No | | | | | | |
| | filed by a sp | | | Yes. | | | | | |
| | | you, or by a business | Deb | otor _ | | | Relationsh | ip to you | |
| | partner, or by | | Dist | rict _ | | _ When | MM / DD / YYYY | Case number,if known | |
| | | | Deb | tor _ | | | Relationsh | ip to you | |
| | | | Dist | rict | | When | | Case number,if known | |
| | | | | _ | | _ | MM / DD / YYYY | if known | |
| 11. | Do you rent | your | | No. | Go to line 12. | | | | |
| | residence? | | Ø | Yes. | Has your landlord obtained an eviction residence? | judgmen | t against you and | d do you want to stay in your | |
| | | | | | No. Go to line 12. Yes. Fill out Initial Statement About and file it with this hankruptcy netited. | | • | • , , | |

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| Deb | otor 1 Larry Alphonza Box | wen | | | | Case nui | mber (if known) | | |
|-----|--|-------------------------|-------------------|--|--|--|---|-------------------------------------|-------------------|
| P | art 3: Report About Ar | пу Ві | usine | sses You Own as | a Sole F | Proprietor | <u></u> | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | | | Go to Part 4. Name and location of t | ousiness | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | Name of business, if any Number Street | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | | iness (as d al Estate (a defined in er (as defi | defined in 11 U. as defined in 11 11 U.S.C. § 10 | S.C. § 101(27A)) U.S.C. § 101(51E 1(53A)) | ZIP Code | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small busin</i> ess | | set ap st rece | filing under Chapter 11, ppropriate deadlines. If nt balance sheet, stater f these documents do n | you indica nent of op | ate that you are perations, cash-f | a small business of low statement, and | debtor, you mus d federal income | t attach your |
| | debtor? | $\overline{\mathbf{Q}}$ | No. | I am not filing under C | hapter 11 | | | | |
| | For a definition of small business debtor, see 11 U.S.C. § 101(51D). | | No. | I am filing under Chap the Bankruptcy Code. | iter 11, but | t I am NOT a sn | nall business debt | or according to | the definition in |
| | | | Yes. | I am filing under Chap Bankruptcy Code. | ter 11 and | l lam a small b | usiness debtor acc | cording to the de | efinition in the |
| P | art 4: Report if You Ov | vn o | r Hav | e Any Hazardous | Property | y or Any Pro | perty That Ne | eds Immedia | ate Attention |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable | | No Yes. | What is the hazard? | | | | | |
| | hazard to public health or safety? Or do you own any property that needs immediate attention? | | | If immediate attention | is needed | I, why is it needs | ed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where is the property | ? Number | Street | | | |
| | | | | | Gitv | | | State 7/F | 2 Code |

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Debtor 1 Case number (if known) Larry Alphonza Bowen

Part 5: Explain Y

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| our Efforts to Receive a Briefing About Cred | dit Counseling |
|---|---|
| About Debtor 1; You must check one: | About Debtor 2 (Spouse Only in a Joint Case): You must check one: |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. |
| ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. |
| ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining wha efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances |

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

required you to file this case.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

I am not required to receive a briefing about

| credit counselin | ig because of: | credit counse |
|------------------|--|---------------|
| ncapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | ☐ Incapacit |
| ☐ Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | ☐ Disability |
| ☐ Active duty. | I am currently on active military | □ Active du |

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about eling because of: ty. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

required you to file this case.

may be dismissed.

Your case may be dismissed if the court is

along with a copy of the payment plan you

briefing before you filed for bankruptcy.

dissatisfied with your reasons for not receiving a

If the court is satisfied with your reasons, you must

still receive a briefing within 30 days after you file.

developed, if any. If you do not do so, your case

You must file a certificate from the approved agency,

Official Form 101

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Debtor 1 Case number (if known) Larry Alphonza Bowen **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do you 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) have? as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. M 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer or business debts. 17. Are you filling under Chapter 7? I am not filing under Chapter 7. Go to line 18. No. Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after any exempt property is administrative expenses are paid that funds will be available to distribute to unsecured creditors? excluded and ☑ No administrative expenses are paid that funds will be Yes available for distribution to unsecured creditors? 1-49 1,000-5,000 25,001-50,000 18. How many creditors do you estimate that you 50,001-100,000 50-99 5,001-10,000 owe? 100-199 More than 100,000 10,001-25,000 200-999 П 19. How much do you \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion \square estimate your assets to \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion П \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you estimate your liabilities to \$1,000,000,001-\$10 billion \$50,001-\$100,000 \$10,000,001-\$50 million be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion

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| Debtor 1 | Larry Alphonza Bower | Case number (if known) |
|----------|----------------------|---|
| Part 7: | Sign Below | |
| For you | | examined this petition, and I declare under penalty of perjury that the information provided is true prrect. |
| | 0 | ve chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, of title 11, United States Code. I understand the relief available under each chapter, and I choose to ed under Chapter 7. |
| | | ttorney represents me and I did not pay or agree to pay someone who is not an attorney to help me this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |
| | 1 | est relief in accordance with the chapter of title 11, United States Code, specified in this petition. |
| | C | rstand making a false statement, concealing property, or obtaining money or property by fraud in ction with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, 18 U.S.C. §§ 152,1341, 1519, and 3571. |
| | The second second | Alphonza Bowen, Deptor 1 Signature of Debtor 2 |
| | | Executed on MM / DD / YYYY |

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| Debtor 1 Larry Alphonza B | owen Case number (if known) | | | |
|---|---|--|--|--|
| For you if you are filing this bankruptcy without an attorney | The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. | | | |
| If you are represented by an attorney, you do not need to file this page. | To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. | | | |
| | You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. | | | |
| | If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. | | | |
| | Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? | | | |
| | □ No ☑ Yes | | | |
| | Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? | | | |
| | □ No ☑ Yes | | | |
| | Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? | | | |
| | No Yes. Name of Person Charles M. Langevin, Jr. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |
| | By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. | | | |
| (| X Larry Andron 2 Blawery Debtor 1 Signature of Debtor 2 | | | |
| | Date 08/18/2017 Date MM / DD / YYYY | | | |
| | Contact phone (770) 846-5634 Contact phone | | | |
| | Cell phone Cell phone | | | |
| | Email address bowenlarry@rocketmail.co Email address | | | |

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| ETH CAMPINE | | 1 47.5 | | |
|--------------------------------|---------------------|----------------------------|--------------------|------------------------------------|
| Fill in this in | formation to i | dentify your case | : | |
| Debtor 1 | Larry First Name | Alphonza Middle Name | Bowen Last Name | |
| Debtor 2 (Spouse, if filing |) First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court fo | or the: EASTERN DIS | STRICT OF VIRGINIA | |
| Case number (if known) | | · | | Check if this is an amended filing |
| Official Forn | n 106Sum | | | - |

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended

| F | art 1: Summarize Your Assets | |
|---|--|--------------------------------------|
| | | Your assets Value of what you own |
| | Schedule A/B: Property (Official Form 106A/B) | |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | \$1,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$8,859.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$9,859.00 |
| ì | art 2: Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$11,158.1 |
| | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$9,000.0 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$33,597.0 |
| | Your total liabilities | \$53,755.2 |
| • | art 3: Summarize Your Income and Expenses | |
| | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,799.0 |
| | | |

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| Del | btor 1 | Larry Alphonza Bowen | Case number (if known) | |
|------------|----------------|--|--------------------------------------|---------------------|
| P | art 4: | Answer These Questions for Administrative and Statist | ical Records | |
| 3 . | Are y | ou filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | _ | No. You have nothing to report on this part of the form. Check this box and sees | ubmit this form to the court with yo | ur other schedules. |
| 7. | What | kind of debt do you have? | | |
| | <u> </u> | Your debts are primarily consumer debts. Consumer debts are those "incommily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for stati | • | a personal, |
| | | our debts are not primarily consumer debts. You have nothing to report on the court with your other schedules. | on this part of the form. Check this | box and submit |
| В. | | the Statement of Your Current Monthly Income: Copy your total current mal Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | nonthly income from | \$45.47 |
| €. | Сору | the following special categories of claims from Part 4, line 6 of Schedul | e <i>E/F</i> ; | |
| | | | Total claim | |
| | From | Part 4 on Schedule E/F, copy the following: | | |
| | 9 a . D | Oomestic support obligations. (Copy line 6a.) | \$0.0 | <u>0</u> |
| | 9b. T | axes and certain other debts you owe the government. (Copy line 6b.) | \$9,000.0 | <u>0</u> |
| | 9c. C | Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.0 | <u>0</u> |

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$12,998.00

\$21,998.00

\$0.00

\$0.00

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| Fill in this in | nformation to id | lentify your case and this fili | ng: | | | | |
|---|--|--|--|---|---|--|--|
| Debtor 1 | Larry First Name | Alphonza Bowen Middle Name Last Name | | | | | |
| Debtor 2 (Spouse, if filing | g) First Name | Middle Name Last Name | | | | | |
| | | the: EASTERN DISTRICT OF VIF | RGINIA | | | | |
| Case number (if known) | _ | | | | if this is an | | |
| | <u> </u> | | | amend | led filing | | |
| Official Forr | m 106A/B | | | | | | |
| Schedule A | A/B: Property | <u>, </u> | | | 12/15 | | |
| the asset in the filing together, it sheet to this form Part 1: D 1. Do you own No, Go | category where you could be equally red on the top of a describe Each Resort or have any legal to to Part 2. | nd describe items. List an asset only think it fits best. Be as complete aponsible for supplying correct informy additional pages, write your namesidence, Building, Land, or or equitable interest in any residen | and accurate as rmation. If mor- ne and case num Other Real E | s possible. If two married per e space is needed, attach a nber (if known). Answer eve state You Own or Have | eople are separate ry question. | | |
| ⊠ Yes. V | Vhere is the propert | y? | | | | | |
| 1.1. Fort Lauderdal | le Beach Resort | What is the property? Check all that apply. Single-family home | | Do not deduct secured clai amount of any secured clai Creditors Who Have Claim | ims on Schedule D: | | |
| Timeshare | | Duplex or multi-unit bu | - | Current value of the entire property? | Current value of the portion you own? | | |
| County | | Manufactured or mobi | ile home | \$1,000.00 | \$1,000.00 | | |
| County | | ☐ Investment property ☑ Timeshare ☐ Other | ☐ Investment property ☑ Timeshare | | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. | | |
| | | Who has an interest in the | ne property? | Timeshare | | | |
| | | Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the del | | Check if this is comm (see instructions) | nunity property | | |
| | | Other information you w property identification n | | t this item, such as local | _ | | |
| | | tion you own for all of your entries ached for Part 1. Write that number | | _ | \$1,000.00 | | |
| Part 2: Do | escribe Your V | ehicles | | • | - | | |
| | | r equitable interest in any vehicles, you lease a vehicle, also report it on | | | | | |
| 3. Cars, vans, | trucks, tractors, s | port utility vehicles, motorcycles | | | | | |
| ☐ No ☑ Yes | | | | | | | |

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| Debtor 1 Larry Alphonza Bowen | | lphonza Bowen | Case number (if known) | | |
|-------------------------------|---|--|--|---|---|
| Yea Apr | ke: del: | Toyota Corolla 2011 105,000 | Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and anoth | Do not deduct secured clai amount of any secured claim Creditors Who Have Claim Current value of the entire property? | ims on Schedule D: |
| 20 | | la (арргох. 105000 | Check if this is community property (see instructions) | y | |
| 4. | Watercraft, aircr | | s and other recreational vehicles, other venal watercraft, fishing vessels, snowmobiles, | | |
| 5. | | | own for all of your entries from Part 2, inc r Part 2. Write that number here | _ | \$5,825.00 |
| Ρ | art 3: Desci | ribe Your Personal | and Household Items | · | |
| Do | you own or have | any legal or equitable | interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | | ls and furnishings appliances, furniture, li | nens, china, kitchenware | | |
| | □ No ☑ Yes. Describ | e Household god | ods | | \$2,000.00 |
| 7. | • | | , video, stereo, and digital equipment; comp devices including cell phones, cameras, med | | |
| | ☐ No ☑ Yes. Describ | e Electronics | | | \$100.00 |
| 8. | | ues and figurines; painti | ngs, prints, or other artwork; books, pictures, collections; other collections, memorabilia, o | _ | |
| | ✓ No ☐ Yes. Describ | e | | | |
| 9. | Examples: Sports | | e, and other hobby equipment; bicycles, poo y tools; musical instruments | tables, golf clubs, skis; | |
| | ☑ No ☐ Yes. Describ | e | | | |
| 10. | Firearms Examples: Pistols | s, rifles, shotguns, amm | unition, and related equipment | | |
| | ✓ No ☐ Yes. Describ | e | | | |
| 11. | Clothes Examples: Every | day clothes, furs, leathe | r coats, designer wear, shoes, accessories | | |
| | No✓ Yes. Describ | e Clothing | | | \$300.00 |

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| Deb | tor 1 | Ī | arry Alphonza Bowen | Case number (if known | 1) |
|------|--------------------|-------------|--|--|---|
| 12. | Jew Exai | - | s: Everyday jewelry, costu gold, silver | ime jewelry, engagement rings, wedding rings, heirloom jewelry, watche | s, gems, |
| | سنا | No Yes. | Describe | | |
| 13. | | | n animals s: Dogs, cats, birds, horse | es | |
| | | | Describe | | |
| 14. | - | othe | | ld items you did not already list, including any health aids you | |
| | | | Give specific mation | | |
| 15, | | | | r entries from Part 3, including any entries for pages you have | \$2,400.00 |
| Ρa | ırt 4 | | Describe Your Fina | | <u></u> |
| Do y | ou o | wn o | or have any legal or equit | table interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16, | Casl Exar | | s: Money you have in your petition | r wallet, in your home, in a safe deposit box, and on hand when you file | your |
| | | | | Cash: | <u></u> |
| 17. | • | | | ther financial accounts; certificates of deposit; shares in credit unions, other similar institutions. If you have multiple accounts with the same | |
| | | No Yes | | Institution name: | |
| | | 17.1 | . Checking account: | Checking account with Emory Alliance Credit Union | \$7.00 |
| | | 17.2 | . Checking account: | Checking account with Navy Federal Credit Union | \$400.00 |
| | | 17.3 | . Savings account: | Savings account with Emory Alliance Credit Union | \$20.00 |
| | | 17.4 | . Savings account: | Savings account with Navy Federal Credit Union | \$207.00 |
| | Exan | nples No | | traded stocks accounts with brokerage firms, money market accounts ion or issuer name: | |

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| Debt | or 1 Larry Alphonza Bowen | Case number (if known) |
|------|--|--|
| | Non-publicly traded stock and interests in incorporated a | nd unincorporated businesses, including |
| | an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them | % of ownership: |
| | Government and corporate bonds and other negotiable ar Negotiable instruments include personal checks, cashiers' ch Non-negotiable instruments are those you cannot transfer to s No Yes. Give specific information about | ecks, promissory notes, and money orders. |
| | them Issuer name: Retirement or pension accounts | |
| | Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), the profit-sharing plans ✓ No ✓ Yes. List each account separately. Type of account: Institution r | |
| | Security deposits and prepayments Your share of all unused deposits you have made so that you Examples: Agreements with landlords, prepaid rent, public ut companies, or others | |
| | Mo No Institution nam | e or individual: |
| | Annuities (A contract for a specific periodic payment of mon No Yes | ey to you, either for life or for a number of years) |
| | 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | ABLE program, or under a qualified state tuition program. |
| | ▼ No YesInstitution name and description. | Separately file the records of any interests. 11 U.S.C. § 521(c) |
| | Trusts, equitable or future interests in property (other that powers exercisable for your benefit | n anything listed in line 1), and rights or |
| | ✓ No Yes. Give specific information about them | |
| i | Patents, copyrights, trademarks, trade secrets, and other Examples: Internet domain names, websites, proceeds from t ▼ No | |
| | Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative a ✓ No ☐ Yes. Give specific information about them | association holdings, liquor licenses, professional licenses |

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| Deb | tor 1 | Larry Alphonza Bow | en | <u>.</u> | Case number (if known) | |
|-----|-----------------|---|---|---|---|---|
| Moi | ney or p | roperty owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | funds owed to you | | | | |
| | ab yo | s. Give specific information out them, including whethous already filed the returns dithe tax years | er | | Fede State Loca | |
| 29. | Examp | | m alimony, spousal sup | port, child support, mainten | ance, divorce settlement, prop | erty settlement |
| | ☑ No | o is. Give specific informati | ion | | Alimony: | |
| | _ | | | | Maintenance: | |
| | | | | | Support: | |
| | | | | | Divorce settleme | ent: |
| | | | | | Property settlem | ent: |
| 30. | Examp | compensation, Social | bility insurance payment at Security benefits; unp | s, disability benefits, sick pa paid loans you made to som | ay, vacation pay, workers' eone else | |
| 31. | Interes | sts in insurance policies | i life insurance: health sa | avings account (HSA); credi | it, homeowner's, or renter's ins | urance |
| | ✓ No | | | | eneficiary: | Surrender or refund value: |
| 32. | If you a | terest in property that is are the beneficiary of a livi d to receive property beca | ing trust, expect procee | ne who has died ds from a life insurance pol | licy, or are currently | |
| | ☑ Ye | o es. Give specific informati | ion | | | |
| 33. | Claims Examp | s against third parties, w | vhether or not you have ent disputes, insurance | e filed a lawsuit or made a claims, or rights to sue | a demand for payment | |
| | ☑ No | o s. Describe each claim | | | | |
| 34. | | contingent and unliquidate to set off claims | ated claims of every na | ature, including countercl | aims of the debtor and | |
| | ☑ Ye | s. Describe each claim | | | | |
| 35. | Any fir | nancial assets you did n | ot already list | | | |
| | ✓ No | s. Give specific informati | ion | | | |
| 36. | | | | , including any entries for | | \$634.00 |

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| Det | otor 1 | Larry Alphonza Bowen | Case number (if kno | wn) | | |
|-------------|---------------|--|------------------------|--------------|--|----------|
| - | | Dane the Arm Business Balated Bases who Very Owns on House | luteneet lu | 1:-4 | neel setets in Don | |
| Ľ | art 5: | Describe Any Business-Related Property You Own or Hav | e an interest in. | LIST any | real estate in Far | 11. |
| 37. | Do you | own or have any legal or equitable interest in any business-related pro | operty? | | | |
| | | . Go to Part 6. s. Go to line 38. | | | | |
| | | | | | Current value of the portion you own? Do not deduct secure | |
| 38. | Accou | nts receivable or commissions you already earned | | | claims or exemptions | |
| | ☑ No □ Ye | s. Describe | | | | |
| 39. | | equipment, furnishings, and supplies les: Business-related computers, software, modems, printers, copiers, fax m desks, chairs, electronic devices | nachines, rugs, teleph | nones, | | |
| | ☑ No □ Ye | s. Describe | | | | |
| 4 0. | Machir | nery, fixtures, equipment, supplies you use in business, and tools of you | ur trade | | | |
| | ✓ No ☐ Yes | s. Describe | | | | _ |
| 41. | Invento | ory | | | | |
| | ☑ No ☐ Ye | s. Describe | | | | |
| 42. | Interes | ts in partnerships or Joint ventures | | | | |
| | ☑ No ☐ Yes | s. Describe Name of entity: | % of ov | vnership: | | |
| 43. | Custon | ner lists, mailing lists, or other compilations | | | | |
| | ☑ No ☐ Yes | s. Do your lists include personally identifiable information (as defined in No Yes. Describe | n 11 U.S.C. § 101(41 | A))? | | |
| 44. | Any bu | sinesş-related property you did not already list | | | | |
| | ☑ No ☐ Yes | s. Give specific information. | | | | |
| 45. | | e dollar value of all of your entries from Part 5, including any entries for ed for Part 5. Write that number here | . • . | ······· → | \$0.0 | <u>o</u> |
| Р | | Describe Any Farm- and Commercial Fishing-Related Prop If you own or have an interest in farmland, list it in Part 1. | perty You Own c | er Have a | n Interest In. | |
| 46. | Do you | own or have any legal or equitable interest in any farm- or commercial | fishing-related prop | erty? | | |
| | | Go to Part 7. s. Go to line 47. | | | | |

Official Form 106A/B Schedule A/B: Property page 6

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The control of the co

| Det | otor 1 | Larry Alphonza Bowen | Case number (if known) | |
|-------------|---------------|--|------------------------|---|
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm a | nimals les: Livestock, poultry, farm-raised fish | | |
| | Mo □ Ye | | | |
| 48. | Crops- | either growing or harvested | | |
| | | s. Give specific | | |
| 49. | Farm a | nd fishing equipment, implements, machinery, fixtures, and tools of tra | de | |
| | ✓ No ☐ Yes | | | |
| 50. | Farm a | nd fishing supplies, chemicals, and feed | | |
| | ✓ No ☐ Yes | 5 | | |
| 51. | Any fai | m- and commercial fishing-related property you did not already list | | |
| | | s. Give specific | | |
| 52 . | | e dollar value of all of your entries from Part 6, including any entries for d for Part 6. Write that number here | | \$0.00 |
| Р | art 7: | Describe All Property You Own or Have an Interest in That | You Did Not List Above | |
| 53. | | have other property of any kind you did not already list? les: Season tickets, country club membership | | |
| | ☑ No □ Yes | s. Give specific information. | | |
| 54. | Add the | e dollar value of all of your entries from Part 7. Write that number here | → | \$0.00 |

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West-destination and appearance of the second secon

| Debtor 1 | Larry Alphonza Bowen | Case number (if known) | | | |
|-----------|---|------------------------|------------------------------|---|------------|
| Part 8: | List the Totals of Each Part of this Form | | | | |
| 55. Part | 1: Total real estate, line 2 | | | · | \$1,000.00 |
| 56. Part | 2: Total vehicles, line 5 | \$5,825.00 | | | |
| 57. Part | 3: Total personal and household items, line 15 | \$2,400.00 | | | |
| 58. Part | 4: Total financial assets, line 36 | \$634.00 | | | |
| 59. Part | 5: Total business-related property, line 45 | \$0.00 | | | |
| 60. Part | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | | |
| 61. Part | 7: Total other property not listed, line 54 | +\$0.00 | | | |
| 62. Total | personal property. Add lines 56 through 61 | \$8,859.00 | Copy personal property total | + | \$8,859.00 |
| 63. Total | of all property on Schedule A/B. Add line 55 + line 6 | 2 | | | \$9,859.00 |

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| Fill in this in | formation to ide | entify your case: | |
|---------------------------|---------------------|------------------------------------|-----------|
| Debtor 1 | Larry | Alphonza | Bowen |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court fo | or the: Eastern District of Virgin | ia |
| Case number (If known) | | | _ |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | identify the | Property You | ı Claim a | s Exempt |
|---------|--------------|--------------|-------------|------------|
| | | | ~ VIUIIII U | 2 -v2:::b: |

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption |
|---|---------------------|--|--|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief description: | Timeshare | \$ <u>1,000.00</u> | 0.3-100 | 20 11 1 |
| Line from Schedule A/B; | 1.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | 21-4. |
| Brief description; | 2011 Toyota Corolla | \$ 5,825.00 | Us 2000 | 21/26/2 |
| Line from Schedule A/B: | 3.1 | | □ 100% of fair market value, up to any applicable statutory limit | 04-26-(6) |
| Brief description; | Household goods | \$ <u>2,000.00</u> | 1 200C | 211 - 111 |
| Line from Schedule A/B: | 6 | | ☐ 100% of fair market value, up to any applicable statutory limit | 54-66 (4) |

3. Are you claiming a homestead exemption of more than \$160,375?

| Subject to adjustment on 4/01/19 an | d every 3 years after that for cases f | filed on or after the o | date of adjustment.) |
|-------------------------------------|--|-------------------------|----------------------|
|-------------------------------------|--|-------------------------|----------------------|

☑ No

- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - ☐ Na
 - ☐ Yes

Debtor 1

Larry First Name

| art 2: | Additio | onai Page | | | | |
|------------------------|--------------------------------------|--|--------------------------------------|-------------------|--|------------------------------------|
| Brie on S | i description | on of the property and line /B that lists this property | Current value of the portion you own | | Amount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the s | value from A/B | Check only one box for each exemption | Step 1 |
| Line f | ription: from dule A/B: | Electronics | \$ | 100.00 | □ \$ 1000 of fair market value, up to any applicable statutory limit | 34-26 (4) |
| Line | ription: | Clothing 11 | \$ | 300.00 | 100% of fair market value, up to any applicable statutory limit | 34-26(4) |
| Line | ription: | Checking - Emory All | \$ | 7.00 | 100% of fair market value, up to any applicable statutory limit | 34-4.1 |
| Brief desci Line | ription: | Savings - Emory Alli 17 | \$ | 20.00 | 100% of fair market value, up to any applicable statutory limit | 34-4,1 |
| Brief desc Line | ription: | Checking - Navy C.U 17 | \$ | 400.00 | 100% of fair market value, up to any applicable statutory limit | 34-4-1 |
| Line | ription: | Savings - Navy C.U. | \$ | 207.00 | □ 100% of fair market value, up to any applicable statutory limit | 34-4.1 |
| Line | ription: | | \$ | | □ \$ □ 100% of fair market value, up to any applicable statutory limit | |
| Line | ription: | | \$ | | \$ \$ 100% of fair market value, up to any applicable statutory limit | |
| Line | ription: | | \$ | <u></u> | \$ 100% of fair market value, up to any applicable statutory limit | ···· |
| Line | ription: | | \$ | | \$ 100% of fair market value, up to any applicable statutory limit | |
| Line | ription: | | \$ | - | \$ \$ to any applicable statutory limit | |
| Line | : :ription: from edule A/B: | | \$ | | \$ 100% of fair market value, up to any applicable statutory limit | |

| | | | _ | | | |
|---|--|---|--|---|--------------------------------------|----------|
| Fill in this info | ormation to ident | ify your case: | | | | |
| Debtor 1 | | Alphonza Middle Name | Bowen Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Ban | kruntey Court for the | FASTERN DIS | TRICT OF VIRGINIA | | | |
| Case number | mapley countries and | ENGILITIES | THE TOTAL THE SHAPE | ` | | |
| (if known) | | ····· | | | ☐ Check if this i. amended filing | |
| | | | <u> </u> | | amended film | 4 |
| Official Form | <u>106D</u> | | | | | |
| Schedule D: | Creditors Who | o Have Clai | ims <u>S</u> ecured b | y Property | | 12/15 |
| On the top of any a 1. Do any credite No. Chec Yes. Fill i Part 1: List 2. List all secure claim, list the coreditor has a punch as possii creditor's name | additional pages, write ors have claims secunds this box and submite in all of the information and Claims. If a creditor preditor separately for experticular claim, list the ble, list the claims in a | te your name and the your properties form to the control below. The man more than one ach claim. If more other creditors in liphabetical order | ne secured re than one nearty? | t out, number the entri wπ). nedules. You have noth | | |
| 2.1 | | Describe the secures the c | · · · | \$1,202.18 | \$1,000.00 | \$202.18 |
| Fort Lauderdale Creditor's name 909 Breakers Av Number Street | | — Timeshare — | | | | |
| Check if this cl | ebtor 2 only he debtors and anothe aim relates y debt | Contingen Unliquidat Disputed Nature of Ilen An agreer Statutory Judgment Other (incl | ot ed Check all that apply nent you made (such a ien (such as tax lien, r lien from a lawsuit luding a right to offset) | s mortgage or secured | car loan) | |
| Date debt was incu | ırred | Last 4 digits o | of account number | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,202.18

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| Debtor 1 Larry Alphonza Bowen | | Case number (if known) | | | |
|--|---|--|---------------------------------|---|--|
| Additional Page Part 1: After listing any entries on sequentially from the previous | | Merel History of Manager Manag | - 2003 (2010) (2011) (2013) | - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 | |
| Creditor's name PO Box 181145 Number Street Arlington TX 76096 City State ZiP Code Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Describe the property that secures the claim: | s mortgage or secured | \$5,825.00 car loan) | \$4,131.00 | |
| Check if this claim relates to a community debt | _ | | | | |
| Date debt was incurred 10/05/2014 | Last 4 digits of account number | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$9,956.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$11,158.18

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| Debtor 1 | Larry Alphonza Bowen | | | Case number (if known) | | |
|---|---|---------------------------|------------------------------------|--|-----------------|--|
| Part 2: List Others to Be Notified for a Debt That Yo | | | | ou Already Listed | | |
| example, if then list th | f a collection agency is trying to d e collection agency here. Similar ditional creditors here. If you do r | collect fro ly, if you | m you for a debt have more than | uptcy for a debt that you already listed in Part 1. For you owe to someone else, list the creditor in Part 1, and one creditor for any of the debts that you listed in Part 1, as to be notified for any debts in Part 1, do not fill out or | | |
| Nar PC | eridian Financial Services The D Box 1410 The Street | | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number | <u>2.1</u> _ | |
| As City | :heville | NC State | 28802 ZIP Code | | | |

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| | | | - | ı | | |
|---|---|--|---|--|--|-----------------------------|
| Fill in this info | ormation to id | entify your c | ase: | | | |
| Debtor 1 | Larry | Alphonza | Bowen | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for | the: <u>EASTERN</u> | DISTRICT OF VIRGINIA | | | |
| Case number | | _ | | , , | Check if this is an | |
| (if known) | | | | _ | amended filing | |
| Official Form | 106E/F | | | J | · | |
| | • | Who Have | e Unsecured Claims | | | 12/15 |
| | | | t 1 for creditors with PRIORITY cla | | | |
| on Schedule A/B: Do not include any If more space is not to this page. On the | Property (Official of creditors with preditors with preded, copy the Find the top of any add | Form 106A/B) artially secured art you need, fi tional pages, w | acts or unexpired leases that coul and on Schedule G: Executory Coulclaims that are listed in Schedule II it out, number the entries in the crite your name and case number (secured Claims | ntracts and Unexpired I D: Creditors Who Hold boxes on the left. Attac | Leases (Official F I Claims Secured | form 106G). by Property. |
| | | | | | · | |
| _ | ors have priority : | unsecured clair | ns against you? | | | |
| ☐ No. Go to ☑ Yes. | o Part 2. | | | | | |
| claim. For eac show both prio more space is | ch claim listed, iden rity and nonpriority | ntify what type of amounts. As n unsecured clair | creditor has more than one priority uf claim it is. If a claim has both priorinuch as possible, list the claims in all ns, fill out the Continuation Page of l | ty and nonpriority amour phabetical order accordi | nts, list that claim I ng to the creditor's | here and name. If |
| (For an explan | ation of each type | of claim, see the | e instructions for this form in the inst | ruction booklet. | | 1. |
| 2.1 | | | | \$9,000.00 | \$9,000.00 | \$0.00 |
| ∟ | e Service | | | | 40,000.00 | |
| Priority Creditor's Name | | | Last 4 digits of account number | | | |
| P.O. Box 7346 Number Street | | | When was the debt incurred? | | | |
| | | _ | As of the date you file, the claim | is: Check all that apply | | |
| | | | Contingent | is, officer an indiappiy. | | |
| Philadelphia | PA 1 | 9101 | Unliquidated | | | |
| City | | IP Code | Disputed | | | |
| Who incurred the o | debt? Check on | e, | Type of PRIORITY unsecured cla | im: | | |
| Debtor 1 only Debtor 2 only | | | Domestic support obligations | | | |
| Debtor 1 and D | ebtor 2 only | | Taxes and certain other debts of Claims for death or personal in | | | |
| At least one of | the debtors and an | | intoxicated | ,, , | | |
| Check if this c | | nunity debt | Other. Specify | | | |
| Is the claim subjec | t to offset? | | | | | |
| ☑ No □ Yes | | | | | | |
| | | | | | | |

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| Debtor 1 Larry Alphonza Bowen | Case number (if known) |
|---|--|
| Part 2: List All of Your NONPRIORIT | Y Unsecured Claims |
| Yes List all of your nonpriority unsecured claims If a creditor has more than one nonpriority unse type of claim it is. Do not list claims already inc | I claims against you? . Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2. |
| | |
| A.1 Capital One Nonpriority Creditor's Name PO Box 30285 Number Street Salt Lake City UT 84130 City State ZiP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card |
| Capital One Nonpriority Creditor's Name PO Box 30285 Number Street Salt Lake City UT 84130 City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt is the claim subject to offset? ☑ No ☐ Yes | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card |

| Debtor 1 Larry Alphonza Bowen | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | em sequentially from the | \$: · |
| 4.3 | | \$278.00 |
| Covington Credit | Last 4 digits of account number | |
| Nonpriority Creditor's Name 2166 Salem Rd, SE | When was the debt incurred? 10/01/2012 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| Suite B | _ Contingent | |
| | Unliquidated | |
| Conyers GA 30013 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Personal Loan | |
| Is the claim subject to offset? | | |
| ▼ No Yes | | |
| | | |
| 4.4 | | \$384.00 |
| Credit One | Last 4 digits of account number | |
| Nonpriority Creditor's Name PO Box 60500 | When was the debt incurred? 01/18/2013 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| City of Industry CA 91716 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |
| <u>~</u> | | |
| 4.5 | | \$172.44 |
| Emory Healthcare | _ Last 4 digits of account number _4_ 0_ 1_ 1_ | |
| Nonpriority Creditor's Name 1364 Clifton Rd NE | When was the debt incurred? 11/09/2016 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated Disputed | |
| Atlanta GA 30322 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ☑ Debtor 1 only | Student loans Obligations arising out of a constation acceptant as diverse. | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check If this claim is for a community debt | Medical | |
| ls the claim subject to offset? ☑ No | | |
| MY Yes | | |

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| Debtor 1 Larry Alphonza Bowen | Case number (if known) | |
|--|---|-----------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the | m sequentially from the | |
| previous page. | | <u> 1124 y </u> |
| 4.6 | | \$11.00 |
| Gentle Touch Dental Nonpriority Creditor's Name | Last 4 digits of account number 0 1 0 6 | |
| 1929 Old Salem Road | When was the debt incurred? 03/12/2017 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated | |
| | — ☐ Disputed | |
| Conyers GA 30013 | _ _ | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Medical | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |
| | | |
| 4.7 | | \$1,841.00 |
| Merrick Bank | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 12/19/2014 | |
| PO Box 9201 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Old Bethpage NY 11804 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.8 | | \$2,081.00 |
| Nelnet | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? 10/15/2014 | |
| 121 S. 13th St. Number Street | As of the date you file, the claim is: Check all that apply. | |
| Trained Steel | _ Contingent | |
| | Unliquidated | |
| Lincoln NE 68508 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ☑ Other. Specify Student Loan | |
| Is the claim subject to offset? | Statulit Evali | |
| No No | | |
| Yes | | |

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| Debtor 1 Larry Alphonza Bowen | Case number (if known) | |
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| Part 2: Your NONPRIORITY Unsecu | ıred Claims Continuation Page | |
| After listing any entries on this page, number the | em sequentially from the | |
| previous page. 4.9 | | £4.574.00 |
| | Leat 4 digita of account number | \$1,571.00 |
| Neinet Nonpriority Creditor's Name | Last 4 digits of account number | |
| 121 S. 13th St. | When was the debt incurred? 10/15/2014 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated | |
| | ─ ☐ Disputed | |
| Lincoln NE 68508 City State ZIP Code | Tune of NONDBIODITY unconsumed eleiter | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: □ Student loans | |
| Debtor 1 only | | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Other. Specify | |
| Check if this claim is for a community debt ls the claim subject to offset? | | |
| No | | |
| Yes | | |
| | | |
| 4.10 | | \$6,755.00 |
| Neinet | Last 4 digits of account number | |
| Nonpriority Creditor's Name 121 S. 13th St. | When was the debt incurred? 02/14/2014 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Lincoln NE 68508 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | TVOITEL | |
| ☑ No | | |
| Yes | | |
| 4.11 | | |
| | | \$4,769.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | |
| 121 S. 13th St. | When was the debt incurred? 02/14/2014 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated | |
| | — ☐ Disputed | |
| Lincoln NE 68508 | · | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Nelnet | |
| is the claim subject to offset? | | |
| No Voc | | |
| ☐ Yes | | |

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| Debtor 1 Larry Alphonza Bowen | Case number (if known) | |
|---|--|------------|
| Part 2: Your NONPRIORITY Unse | cured Claims Continuation Page | |
| After listing any entries on this page, number previous page. | them sequentially from the | |
| 4.12 | | \$7.742.00 |
| Nelnet | Last 4 digits of account number | \$7,743.00 |
| Nonpriority Creditor's Name | | |
| 121 S. 13th St. | When was the debt incurred? 05/10/2013 As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| | Disputed | |
| Lincoln NE 68508 City State ZIP Code | Time of NONDDIODITY uppopured eleign. | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other Specify | |
| Check if this claim is for a community deb | t — | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| Yes | | |
| 4.13 | | \$3,684.00 |
| Nelnet | Last 4 digits of account number | #3,004.00 |
| Nonpriority Creditor's Name | | |
| 121 S. 13th St. | When was the debt incurred? 05/10/2013 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent Unliquidated | |
| | Disputed | |
| Lincoln NE 68508 City State ZIP Code | <u> </u> | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations origins out of a congretion accessment or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other Specify | |
| Check if this claim is for a community debt | t - | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| Yes | | |
| 4.14 | | \$100.00 |
| Plantation General Hospital | Last 4 digits of account number 7 8 4 2 | |
| Nonpriority Creditor's Name | When was the debt incurred? 04/22/2017 | |
| PO Box 740743 Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Subet | Contingent | |
| | Unliquidated | |
| Cincinnati OH 45374 | Disputed | |
| Cincinnati OH 45274 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Other. Specify | |
| Check if this claim is for a community debt | Medical | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |

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| Debtor 1 Larry Alphonza Bowen | Case number (if known) | |
|--|---|--------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | em sequentially from the | |
| 4.15 | | \$10.24 |
| Radiology Physician Solutions of Florida | Last 4 digits of account number 4 5 6 1 | |
| Nonpriority Creditor's Name PO Box 3495 | When was the debt incurred? 01/28/2017 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated | |
| Talada OH 42007 | Disputed | |
| Toledo OH 43607 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another Check if this claim is for a community debt | Other. Specify | |
| Is the claim subject to offset? | Medical | |
| ☑ No | | |
| Yes | | |
| 4.16 | | \$15.00 |
| Resurgens Orthopaedics | Last 4 digits of account number 5 2 7 7 | |
| Nonpriority Creditor's Name PO Box 720580 | When was the debt incurred? 06/26/2017 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | |
| Atlanta GA 30358 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ✓ Other. Specify Medical | |
| Is the claim subject to offset? | Medical | |
| ☑ No | | |
| Yes | | |
| 4.17 | | \$726.00 |
| Rockdale County ER Physicians Nonpriority Creditor's Name | Last 4 digits of account number9305_ | |
| 1412 Milstead Ave. | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Unliquidated | |
| Conyers GA 30012 | ─ ☐ Disputed | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| No Yes | | |

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| Debtor 1 Larry Alphonza Bowen | Case number (if known) | |
|---|--|--------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. 4.18 Trugreen | | 300.00 |
| Nonpriority Creditor's Name 4060 Bay Creek Church Rd. Number Street | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | |
| Loganville City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Account | |
| Is the claim subject to offset? No Yes 4.19 | | 319.34 |
| VA Medical Center Nonpriority Creditor's Name 50 Irving St., NW Number Street | Last 4 digits of account number 7 0 4 8 When was the debt incurred? 07/21/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | |
| Manassas City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical | |

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and district and the second se

| Debtor 1 | Larry Alphonza Bo | wen | | Case number (if known) | | |
|------------------------------------|--|---|---|--|--|--|
| Part 3: | List Others to B | e Notified Ab | out a Debt That You Already | y Listed | | |
| For ex- credito debts t | ample, if a collection a or in Parts 1 or 2, then | gency is trying t list the collections 1 or 2, list the a | to collect from you for a debt you on agency here. Similarly, if you haudditional creditors here. If you do | a debt that you already listed in Parts 1 or 2. owe to someone else, list the original ave more than one creditor for any of the not have additional parties to be notified for | | |
| Midland F | unding | | On which entry in Part 1 or F | Part 2 did you list the original creditor? | | |
| Name 2365 Norti | nside Drive | | Line 4.4 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | |
| Number 5 Suite 300 | Street | | | Part 2: Creditors with Nonpriority Unsecured Claim | | |
| San Diego City | CA State | 92108 ZIP Code | Last 4 digits of account num | ber | | |
| North Ame | erican Credit Service | es | On which entry in Part 1 or F | Part 2 did you list the original creditor? | | |
| Name 2810 Walk Number | er Rd. Street | | Line 4.17 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claim | | |
| Chattanoo City | ga TN State | 37421 ZIP Code | —— Last 4 digits of account num | ber | | |
| NPAS, Inc | | | On which entry in Part 1 or F | Part 2 did you list the original creditor? | | |
| Name P.O. Box 9 Number | 9008 Street | | Line 4.14 of (Check one): | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim | | |
| Bedford | T <u>X</u> | 76095 | Last 4 digits of account num | ber | | |
| City | State | ZIP Code | _ | | | |

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| Debtor 1 | Larry A | lphonza Bowen | Case number (if known) | | | |
|--------------------------|-------------|--|-----------------------------|---------------|--|--|
| Part 4: | Add t | he Amounts for Each Type of Unsecured Claim | | | | |
| | | its of certain types of unsecured claims. This information is f Add the amounts for each type of unsecured claim. | or statistical reporting pu | ırposes only. | | |
| | | | Total | claim | | |
| Total claims | 6a. | Domestic support obligations | 6a | \$0.00 | | |
| irom Part i | 6b. | Taxes and certain other debts you owe the government | 6b | \$9,000.00 | | |
| | 6c. | Claims for death or personal injury while you were intoxicate | ed 6c. | \$0.00 | | |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount | unt here. 6d. 🛨 | \$0.00 | | |
| | 6e. | Total. Add lines 6a through 6d. | 6d. | \$9,000.00 | | |
| | | | Total | claim | | |
| Total claims from Part 2 | 6f. | Student loans | 6f | \$12,998.00 | | |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | | |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h | \$0.00 | | |
| | 6 i. | Other. Add all other nonpriority unsecured claims. Write that a | mount here. 6i. + | \$20,599.02 | | |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$33,597.02 | | |

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| Fill in this inf | ormation to ide | entify your case | : | | |
|--|--|--|---|---|-------|
| Debtor 1 | Larry | Alphonza | Bowen | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for t | he: <u>EASTERN DIS</u> | TRICT OF VIRGIN | <u>IIA</u> | |
| Case number | | | | ☐ Check if this is an | |
| (if known) | | | | amended filing | |
| Official Form | 4000 | | | | |
| <u>Official Form</u> | 1066 | | | | |
| Schedule G: | : Executory | Contracts and | d Unexpired | Leases 1 | 12/15 |
| No. Ched Yes. Fill List separate is for (for example) | ck this box and file in all of the informa ly each person or | ation below even if the company with who e lease, cell phone). | urt with your other so e contracts or leases n you have the con | thedules. You have nothing else to report on this form. The are listed on Schedule A/B: Property (Official Form 106A/B). The state what each contract or lease of this form in the instruction booklet for more examples of | |
| Person or | company with wh | om you have the co | entract or lease | State what the contract or lease is for | |
| 2.1 Melrose Apartments | | | | Residential Lease Agreement | |
| Name | - | | | Contract to be ASSUMED | |
| 18194 Pu Number S | Street | | | _ | |
| Triangle | | VA | 22172 | _ | |
| City | | State | ZIP Code | - | |

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| Fill in this in | oformation to | identify your case: | | |
|--|--|---|---|---|
| | | | | |
| Debtor 1 | Larry First Name | Alphonza Middle Name | Bowen | |
| Debtor 2 | | | | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name | |
| l United States B | sankruptcy Court fo | or the: EASTERN DIS | TRICT OF VIRGINIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| L | | _ _ | | |
| Official Forr | m 106H | | | |
| | | labéa | | 40/ |
| Scheaule F | l: Your Cod | ebtors | | 12/ |
| page. On the to | p of any Addition | al Pages, write your na | ame and case number | xes on the left. Attach the Additional Page to this (if known). Answer every question. er spouse as a codebtor.) |
| ☐ No ☑ Yes | | | | |
| include Arizo | ona, California, Ida o to line 3, id your spouse, fo o | · · | New Mexico, Puerto Ri | erritory? (Community property states and territories ico, Texas, Washington, and Wisconsin.) |
| In | which community | state or territory did you | live? | Fill in the name and current address of that person. |
| | arbara Jean Bo | | | |
| | me of your spouse, for the control of the control o | ormer spouse, or legal equiv | alent | |
| | imber Street | | | |
| | | | | |
| C (| onyers y | | | |
| person show creditor on Schedule D | wn in line 2 agair Schedule D (Offic , Schedule E/F, o | n as a codebtor only if a cial Form 106D), Sched r Schedule G to fill out | that person is a guara dule E/F (Official Form | codebtor if your spouse is filing with you. List the ntor or cosigner. Make sure you have listed the 106E/F), or Schedule G (Official Form 106G). Use |
| Column 1 | : Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| | Barbara Jean | · | | — G Schedule D, line 2.1 |
| Name 3241 Qu | ılncy Crossing | | | |
| Number | Street | | | Schedule E/F, line |
| | | | | Schedule G, line |
| Conyers | S | GA | 30013 | Fort Lauderdale Beach Resort |
| City | | State | ZIP Code | |

Official Form 106H

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| Larry Alphoniza Bowen | | | | Case number (if known) | | |
|-----------------------|---|--------------------|-------------------|---|--|--|
| | Additional Page to Li | st More Cod | | | | |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | | |
| 3.2 | Bowen, Barbara Jean Name 3241 Quincy Crossing Number Street Conyers City | GA State | 30013 ZIP Code | Schedule D, line 2.2 Schedule E/F, line Schedule G, line GM Financial | | |
| 3.3 | Bowen, Barbara Jean Name 3241 Quincy Crossing Number Street Conyers City | GA State | 30013 ZIP Code | Schedule D, line Schedule E/F, line 2.1 Schedule G, line Internal Revenue Service | | |

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| | ill in this inforn | nation <u>to i</u> | dentify your case: | | | | | | |
|--------------------------|---|---|---|---|---------|-----------------------|-----------------------------|--|--|
| | Debtor 1 | Larry | Alphonza | Bowen | | | | | |
| | | First Name | Middle Name | Last Name | • | | Che | eck if this is: | |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | l | An amended filing | |
| | United States Bank | | | ISTRICT OF VII | | IIA | | A supplement showing postpetition | |
| | Case number | ruptoy Count I | or the. <u>— 10 / 21 / 11 / 1</u> | | | | | chapter 13 income as of the following date | |
| L | (if known) | | | | | | | MM / DD / YYYY | |
| <u>O</u> | fficial Form 10 | <u>)61</u> | | | | | | | |
| S | chedule I: Yo | ur Incon | ne | | | | | 12/15 | |
| res inc abo you | ponsible for suppl lude information a out your spouse. If ur name and case r | ying correct bout your spe f more space | information. If you are ouse. If you are sepai is needed, attach a se own). Answer every o | e married and no rated and your sp eparate sheet to t | t filin | g jointly s is not | , and your filing with y | f Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write | |
| 1. | Fill in your emplo | | inent | | _ | | <u></u> | | |
| | information. | | | Debtor 1 | | | | Debtor 2 or non-filing spouse | |
| | If you have more than one job, attach a separate page | | | | | | | Employed | |
| | with information at additional employe | | | Not employ | /ed | | | ☐ Not employed | |
| | • | | Occupation | Cook | | | | | |
| | Include part-time, or self-employed v | | Employer's name | Stone Spring | s Ho | spital | | | |
| | Occupation may in student or homem applies. | | Employer's address | 24440 Stone Number Street | Sprii | ngs Blv | rd | Number Street | |
| | | | | Sterling | | VA | 20166 | | |
| | | | | City | | State | Zip Code | City State Zip Code | |
| | | | How long employed t | nere? 2 weel | (S | | _ | | |
| Р | art 2: Give D | etails Abo | ut Monthly Incom | 8 | | | | | |
| | | | | n. If you have not | hing t | o report | for any line, | write \$0 in the space. Include your | |
| | -filing spouse unles: ou or your non-filing | • | | er, combine the in | forma | ition for | all employer | s for that person on the lines below. If | |
| | | | rate sheet to this form. | , | | | | | |
| | | | | | | For D | ebtor 1 | For Debtor 2 or non-filing spouse | |
| 2. | | | ary, and commissions monthly, calculate what | | 2. | | 1,170.00 | | |
| 3. | Estimate and list | monthly over | rtime pay. | | 3. | + | \$0.00 | | |
| 4. | Calculate gross in | ncome. Add | line 2 + line 3. | | 4. | | 1,170.00 | | |

| Deb | tor 1 | Larry Al | phonza Bowen | | | Case nu | mb | er (ii | f knov | /n) _ | | | | |
|-----|--------------------|-------------------------------|---|-------------|----|--------------------|-------|--------|---------|------------------|----------------------|----------------|-------------------|------------|
| | | · · · | | | F | or Debtor 1 | | | | or 2 or spous | ;e | | | |
| | Сор | y line 4 here . |) | 4. | - | \$1,170.00 | | | | | | | | |
| 5. | List | all payroli de | ductions: | | | _ | | | | | | | | |
| | 5a. | Tax, Medica | re, and Social Security deductions | 5a. | | <u>\$234.00</u> | | _ | | | | | | |
| | 5b. | | ontributions for retirement plans | 5b. | | \$0.00 | | | | | | | | |
| | 5c. | • | entributions for retirement plans | 5c. | | \$0.00 | | _ | | | | | | |
| | 5d. | | payments of retirement fund loans | 5d. | | \$0.00 | | | | | | | | |
| | 5e. | | | 5e. | | \$0.00 | | | | | | | | |
| | 5f. | | pport obligations | 5f. | | \$0.00 | | _ | | | | | | |
| | | Union dues | pport oungettone | 5g. | | \$0.00 | | _ | | | | | | |
| | - | Other deduc | tions | v g. | | | | _ | | | | | | |
| | | Specify: | | 5h. | + | \$0.00 | | | | | | | | |
| 6. | Add 5g + | l the payroll d - 5h. | eductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + | 6. | | \$234.00 | | _ | | | | | | |
| 7. | | | onthly take-home pay. Subtract line 6 from line 4. | 7. | | \$936.00 | | _ | | | | | | |
| 8. | | | ome regularly received: | | | | | | | | | | | |
| | 8a. | | from rental property and from operating a ofession, or farm | 8a. | | \$0.00 | | | | | | | | |
| | | gross receipts | ement for each property and business showing s, ordinary and necessary business expenses, and thly net income. | | | | | | | | | | | |
| | 8b. | Interest and | dividends | 8b. | | \$0.00 | | | | | | | | |
| | 8c. | | ort payments that you, a non-filing spouse, or a egularly receive | 8c. | | \$0.00 | | _ | | | | | | |
| | | | ny, spousal support, child support, maintenance, ment, and property settlement. | | | | | | | | | | | |
| | 8d. | Unemployme | ent compensation | 8d. | | \$0.00 | | | | | | | | |
| | | Social Secur | • | 8e. | | \$1,863.00 | | _ | | | | | | |
| | 8f. | | nment assistance that you regularly receive | | | <u>Ψ1,000.00</u> | | | | | | | | |
| | V 1. | Include cash cash assistar | assistance and the value (if known) or any non- nce that you receive, such as food stamps er the Supplemental Nutrition Assistance Program) | | | | | | | | | | | |
| | | Specify: | | 8f. | | \$0.00 | | _ | | | | | | |
| | 8g. | Pension or re | etirement income | 8g. | | \$0.00 | | | | | | | | |
| | 8h. | Other month | ly income. | | | | | _ | - | | | | | |
| | | Specify: | <u> </u> | 8h | + | \$0.00 | | | | | | | | |
| 9. | Add | all other inco | ome. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | | \$1,863.00 | | | | |] | | | |
| 10. | Calc | culate monthly | y income. Add line 7 + line 9. | 10 | Ī | \$2,799.00 | + | | | | _ <u>_</u> | \$ | 2,799.0 | |
| | Add | the entries in | line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | L | <u></u> | - L | = | | |] _ [| | | <u> </u> |
| 11. | Inclu | | jular contributions to the expenses that you list in S ns from an unmarried partner, members of your househ | | | | ur ro | om | mates | , and of | ther | | | |
| | Do n | ot include any | amounts already included in lines 2-10 or amounts that | t are i | no | t available to pay | exp | ens | es list | ed in Sc | ched | ule J. | | |
| | Spec | cify: | | | | | | | | . 11. | + | | \$0.0 | <u>0</u> _ |
| | inco | me. Write that | n the last column of line 10 to the amount in line 11. amount on the Summary of Your Assets and Liabilities | | | | | | | 12. | | _ | 2,799.0 | <u>o</u> |
| | if it a | ipplies. | · | | | | | | ٠ | | | Combi month | ined Ily incon | ne |
| 13. | Do y | ou expect an | increase or decrease within the year after you file t | his fo | rn | 17 | | | | | | | | |
| | \mathbf{A} | No. | None. | | | | | | | | | •••• | _ | |
| | | Yes. Explain: | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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| F | ill in this | information to id | entify y | our case: | | | Cher | ck if this | ie. | |
|------|----------------------------|---|---------------------|--------------------------------------|-----------------|---|---------|------------------------|----------------------------------|---|
| | Debtor 1 | Larry First Name | | Alphonza Middle Name | Bowe Last Na | | | An ame A suppl | nded filing ement showing | · • |
| | Debtor 2 (Spouse, if t | filing) First Name | <u></u> | Middle Name | Last Na | me | | chapter following | 13 expenses a g date: | s of the |
| | United State | es Bankruptcy Court fo | rthe: <u>E</u> | ASTERN DIS | TRICT OF V | /IRGINIA | | MM / DI | D/YYYY | |
| | Case numb | er | | | | | | | | |
| 0 | fficial Fo | rm 106J | | | | | _ | | | |
| S | <u>chedule</u> | J: Your Expe | nse <u>s</u> | | | | | | | 12/15 |
| COI | rrect inform me and cas | te and accurate as po ation. If more space e number (if known). | is needed Answer | d, attach anoti every questio | ner sheet to t | ing together, both ar his form. On the top | e equa | ally resp y additio | onsible for su onal pages, wr | pplying ite your |
| P | art 1: | Describe Your Ho | ousehol | d | | | | | | |
| 1. | Is this a jo | oint case? | | | | | | | | |
| | | Go to line 2. Does Debtor 2 live in No Yes. Debtor 2 mi | | | | s for Separate Housel | hold of | Debtor 2 | 2. | |
| 2. | Do you ha | ave dependents? | ☑ No | Eill aut thia i | aformation | Dependent's relation | onship | to | Dependent's | Does dependent |
| | Do not list Debtor 2. | Debtor 1 and | | s. Fill out this in each depender | | Dobtor 1 or Dobtor | 2 | | age | live with you? |
| | Do not sta names. | ite the dependents' | | | | | | | | Yes No Yes No Yes No Yes Yes No Yes No Yes No No No |
| 3. | expenses | expenses include of people other than and your dependents | |] No] Yes | | | | | | Yes |
| Р | art 2: | Estimate Your Or | igoing l | Monthly Ex | oenses | | | | | |
| to r | eport expe | expenses as of your nses as of a date afte ill in the applicable da | r the ban | | | | | | | |
| | | ses paid for with non ce and have included | | | | | | | Your expens | es |
| 4. | | l or home ownership st mortgage payments | | | | | | 4 | · | \$880.00 |
| | | uded in line 4: | • | - | | | | | | |
| | 4a. Real | estate taxes | | | | | | 4 | a | <u></u> |
| | 4b. Prope | erty, homeowner's, or r | enter's ins | surance | | | | 4 | b | |
| | 4c. Home | e maintenance, repair, | and upke | ep expenses | | | | 4 | c | |
| | 4d. Home | eowner's association o | r condomi | nium dues | | | | 4 | d. | |

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| | tor 1 Larry Alphonza Bowen | Case number (if known) | |
|-------------|---|------------------------|----------|
| | | Your expense | <u>s</u> |
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | |
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a | \$250.00 |
| | 6b. Water, sewer, garbage collection | 6b | \$110.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c | \$200.00 |
| | 6d. Other, Specify: | 6d | |
| 7. | Food and housekeeping supplies | 7. | \$300.00 |
| 8. | Childcare and children's education costs | 8. | |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$50.00 |
| 10. | Personal care products and services | 10. | \$35.00 |
| 1 1. | Medical and dental expenses | 11. | \$40.00 |
| | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$350.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13 | \$100.00 |
| 14. | Charitable contributions and religious donations | 14. | |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | |
| | 15b. Health insurance | 15b | |
| | 15c. Vehicle insurance | 15c. | \$160.00 |
| | 15d. Other insurance. Specify: | 15d. | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 Toyota | 17a. | \$320.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | |
| | 17c. Other. Specify: | 17c | |
| | 17d. Other. Specify: | | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 40 | |
| 19. | Other payments you make to support others who do not live with you. Specify: | | |

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| Debtor 1 | | Larry Alphonza Bowen | Case number (if known) | | | | | | |
|----------|---|---|------------------------|--------------|--|--|--|--|--|
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | | | | | | |
| | 20a. | Mortgages on other property | 20a. | | | | | | |
| | 20b. | Real estate taxes | 20b. | | | | | | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c | | | | | | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d | | | | | | |
| | 20e. | Homeowner's association or condominium dues | 20e | | | | | | |
| 21. | Other | r. Specify: | 21. + | | | | | | |
| 22. | Calcu | ilate your monthly expenses. | | | | | | | |
| | 22a. | Add lines 4 through 21. | 22a. | \$2,795.00 | | | | | |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b | | | | | | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$2,795.00 | | | | | |
| 23. | Calcu | late your monthly net income. | | . | | | | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a | \$2,799.00 | | | | | |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b | \$2,795.00 | | | | | |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c | \$4.00 | | | | | |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after you | u file this form? | | | | | | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | | | | | | |
| | ✓ | No | | | | | | | |
| | | Yes. Explain here: None. | | | | | | | |
| | | Notice. | | | | | | | |
| | | | | | | | | | |

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| ormation to | identify your case | t et | |
|-------------------------------|---|--|---|
| Larry | Alphonza | Bowen | |
| First Name | Middle Name | Last Name | |
| First Name | Middle Name | Last Name | |
| nkruptcy Court fo | or the: EASTERN DIS | TRICT OF VIRGINIA | |
| , . | | | |
| | | | ☐ Check if this is an amended filing |
| 106Dec | | | |
| | ndividual Dabi | torto Cobodulos | 12/15 |
| About an i | ndividuai Debi | or s Schedules | 12/19 |
| ople are filing to | gether, both are equal | Ilv responsible for suppl | ring correct information. |
| sonment for up | | | |
| n Below | | | |
| | <u> </u> | | |
| | someone who is NOT | an attorney to help you | ill out bankruptcy forms? |
| | someone who is NOT | an attorney to help you | ill out bankruptcy forms? |
| or agree to pay | someone who is NOT Charles M. Langevii | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| or agree to pay : | Charies M. Langevii | n, Jr. | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| or agree to pay : | Charies M. Langevii | n, Jr. | Attach Bankruptcy Petition Preparer's Notice, |
| arme of person | Charles M. Langevin | n, Jr. the summary and sched | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ules filed with this declaration and that they are |
| or agree to pay ame of person | Charles M. Langevin | n, Jr. the summary and sched | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ules filed with this declaration and that they are |
| | First Name First Name nkruptcy Court for About an Imple are filing to form whenever ty, or obtaining sonment for up | Larry Alphonza First Name Middle Name First Name Middle Name nkruptcy Court for the: EASTERN DIS 106Dec About an Individual Debi pple are filing together, both are equal form whenever you file bankruptcy sity, or obtaining money or property by | First Name Middle Name Last Name First Name Middle Name Last Name nkruptcy Court for the: EASTERN DISTRICT OF VIRGINIA |

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| Debtor 1 | Larry First Name | Alphonz Middle Nam | | Bowen Last Name | | |
|--|--|-----------------------|--|--|--|--|
| Debtor 2 | , , === , = , | | | | | |
| (Spouse, if filing | ng) First Name | Middle Nam | e | Last Name | | |
| United States | Bankruptcy Court fo | the: <u>EASTER</u> | N DISTR | RICT OF VIR | GINIA | |
| Case number (if known) | <u> </u> | | | | <u> </u> | neck if this is an nended filing |
| Official For | rm 107 | | | | | nended ming |
| | | Affairs for | r Indiv | iduals Fil | ing for Bankruptcy | 04/16 |
| orrect informa | | s is needed, att | ach a sep | parate sheet t | ng together, both are equally respons o this form. On the top of any addition | |
| Part 1: | Give Details Abo | out Your Mai | ital Sta | tus and Wh | nere You Lived Before | |
| . What is yo ☑ Married | | etatus? | | | | |
| | | | | | | |
| □ No | | | ast 3 year | rs. Do not incl | you live now? ude where you live now. Debtor 2: | Dates Debtor 2 lived there |
| No ☑ Yes. L | ist all of the places y | | ast 3 year Dates | rs. Do not incl | ude where you live now. | |
| No Yes. L Debtor | ist all of the places y | | ast 3 year Dates | rs. Do not incl | ude where you live now. Debtor 2: | lived there |
| ☐ No ☑ Yes. L Debtor | ist all of the places y | | ast 3 year Dates lived t | rs. Do not incl Debtor 1 here | ude where you live now. Debtor 2: | lived there Same as Debtor 1 |
| No Yes. L Debtor | ist all of the places y 1: Hersch Farm Ln. Street | | ast 3 year Dates lived t | rs. Do not incl Debtor 1 here 05/2015 | ude where you live now. Debtor 2: Same as Debtor 1 Number Street | lived there Same as Debtor 1 From To |
| No Yes. L Debtor 9325 H Number | ist all of the places y 1: Hersch Farm Ln. Street | vou lived in the l | ast 3 year Dates lived t | rs. Do not incl Debtor 1 here 05/2015 | ude where you live now. Debtor 2: Same as Debtor 1 | lived there Same as Debtor 1 From To |
| No Yes. L Debtor 9325 H Number Manas | 1: Hersch Farm Ln. Street | you lived in the I | Dates lived t From To | rs. Do not incl Debtor 1 there 05/2015 02/2017 Debtor 1 | ude where you live now. Debtor 2: Same as Debtor 1 Number Street | lived there Same as Debtor 1 From To |
| No Yes. L Debtor 9325 H Number Manas City | 1: Hersch Farm Ln. Street | you lived in the I | Dates Ilved t From To Dates | rs. Do not incl Debtor 1 there 05/2015 02/2017 Debtor 1 | Debtor 2: Same as Debtor 1 Number Street City State ZIP Co | Iived there Same as Debtor 1 From To Dates Debtor 2 |
| No Yes. L Debtor 9325 H Number Manas City Debtor | tist all of the places y 1: Hersch Farm Ln. Street Sta 1: Quincy Crossing | you lived in the I | Dates Ilved t From To Dates | rs. Do not incl Debtor 1 there 05/2015 02/2017 Debtor 1 | Debtor 2: Same as Debtor 1 Number Street City State ZIP Co | Iived there Same as Debtor 1 From To Dates Debtor 2 lived there |
| Page 1 No Pebtor Pebbor Pebtor Pebbor | 1: Hersch Farm Ln. Street Stas VA Sta | you lived in the I | Dates lived to the | Debtor 1 Debtor 1 05/2015 02/2017 Debtor 1 here | Debtor 2: Same as Debtor 1 Number Street City State ZIP Co | Iived there Same as Debtor 1 From To Dates Debtor 2 Iived there Same as Debtor 1 |
| No Yes. L Debtor 9325 H Number Manas City Debtor | tist all of the places y 1: Hersch Farm Ln. Street Stas 1: Quincy Crossing Street | 20112 te ZIP Code | Dates lived to be | Debtor 1 05/2015 02/2017 Debtor 1 here | Debtor 2: Same as Debtor 1 Number Street City State ZIP Co | Iived there Same as Debtor 1 From To Dates Debtor 2 lived there Same as Debtor 1 From |

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| Det | otor 1 | Larry Alphonza Bowen | | Case nui | mber (if known) | |
|------|---|---|--|--|--|--|
| Р | art 2: | Explain the Sources of | Your Income | | | |
| 4. | Fill in th | u have any income from employ ne total amount of income you rec re filing a joint case and you have | eived from all jobs and all bus | inesses, including par | t-time activities. | endar years? |
| | ☐ No ☑ Yes | s. Fill in the details. | | | | |
| | | | The state of the s | | | 44. 8188 |
| | | | Sources of income Check all that apply. | Gross Income (before deductions and exclusions | Sources of income Check all that apply. | Gross income (before deductions and exclusions |
| | | ry 1 of the current year until a filed for bankruptcy: | ✓ Wages, commissions, bonuses, tips | \$272.80 | Wages, commissions, bonuses, tips | |
| | | | Operating a business | | Operating a business | |
| | | calendar year: | Wages, commissions, bonuses, tips | | Wages, commissions, bonuses, tips | |
| (Jai | nuary 1 to | December 31, <u>2016</u>) | Operating a business | | Operating a business | |
| | | ndar year before that: | ₩ages, commissions, bonuses, tips | \$500.00 | Wages, commissions, bonuses, tips | |
| (Jar | nuary 1 to | December 31, 2015) | Operating a business | | Operating a business | |
| 5. | Include unemplo and gar Debtor | | at income is taxable. Example payments; pensions; rental inc u are in a joint case and you h | is of other income are come; interest; dividen ave income that you re | ds; money collected from law eceived together, list it only o | vsuits; royalties; |
| | □ No | h source and the gross income fr | om each source separatery. L | oo not include income | uiat you iistea in iine 4. | |
| | | | | And the second of the second o | The state of the s | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions | Sources of income Describe below. | Gross Income from each source (before deductions and exclusions |
| | | ry 1 of the current year until filed for bankruptcy: | Social Security Disabili | \$14,904.00 | | |
| | | calendar year: December 31, 2016 | Social Security Disabili | \$22,356.00 | | |
| | | ndar year before that: December 31, 2015) | Social Security Disabili | ity \$22,356.00 | | |
| | , | <u>7777</u> | | | | |

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| Debtor 1 | Larry Alphonza Bow | ren | | | Case number (if kno | own) | | | | |
|---|--------------------------|---|--|--|--|---|--|--|--|--|
| Part 3: | List Certain Payn | nents You N | Nade Before | You Filed for Ba | ankruptcy | | | | | |
| 6. Are eith | er Debtor 1's or Debto | 2's debts prir | narily consume | r debts? | | | | | | |
| □ No. | | Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | | | | |
| | During the 90 days be | efore you filed f | or bankruptcy, d | id you pay any credi | tor a total of \$6,425* | or more? | | | | |
| | No. Go to line 7. | | | | | | | | | |
| | | you paid that o | creditor. Do not | include payments fo | more in one or more or domestic support of attorney for this bar | bligations, such as | | | | |
| | * Subject to adjustme | nt on 4/01/19 a | nd every 3 years | after that for cases | filed on or after the | date of adjustment. | | | | |
| ∀ Yes. | . Debtor 1 or Debtor 2 | or both have | primarily consu | ımer debts. | | | | | | |
| | During the 90 days be | efore you filed f | or bankruptcy, d | id you pay any credi | tor a total of \$600 or | more? | | | | |
| | ☐ No. Go to line 7. | | | | | | | | | |
| | | not include pay | yments for dome | | ons, such as child su case. Amount you | | | | | |
| SM Einanai | al | | payment | paid | still owe | □ Modaga | | | | |
| om Financia reditor's name | | | | \$604.00 | \$9,956.00 | _ Mortgage | | | | |
| O Box 181 | 1145 | | 06/2017, 0 | 7/2017 | | ☑ Car ☐ Credit card | | | | |
| lumber Stre | | | _ | | | | | | | |
| | | | | | | Loan repayment | | | | |
| -1!4 | | T 0000 | <u></u> | | | Suppliers or vendors | | | | |
| Arlington Bity | TX State | 76096 ZIP Code | | | | Other | | | | |
| Insiders corporati agent, in such as | ions of which you are an | ny general part officer, directo ss you operate | ners; relatives o r, person in cont | f any general partne rol, or owner of 20% | rs; partnerships of w or more of their voti | e who was an Insider? hich you are a general partner; ng securities; and any managing s for domestic support obligations | | | | |
| ☑ No ☐ Yes. | List all payments to an | insider. | | | | | | | | |

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| Deb | otor 1 | Larry Alphonza Bowen | Case number (if known) |
|-----|----------------------|---|---|
| 3. | | l year before you filed for bankruptcy, did you make any payments o ed an insider? | r transfer any property on account of a debt that |
| | include į | payments on debts guaranteed or cosigned by an insider. | |
| | ✓ No Yes | . List all payments that benefited an insider. | |
| | | | |
| P | art 4: | Identify Legal Actions, Repossessions, and Foreclosu | res |
| €. | List all s | l year before you filed for bankruptcy, were you a party in any lawsur such matters, including personal injury cases, small claims actions, divorce tions, and contract disputes. | |
| | No ☐ Yes | . Fill in the details. | |
| 10. | seized, | l year before you filed for bankruptcy, was any of your property repo or levied? ill that apply and fill in the details below. | ssessed, foreclosed, garnished, attached, |
| | _ | Go to line 11. Fill in the information below. | |
| 11. | | 90 days before you filed for bankruptcy, did any creditor, including a s from your accounts or refuse to make a payment because you owe | |
| | Mo ☐ Yes. | . Fill in the details. | |
| 12. | | year before you filed for bankruptcy, was any of your property in thes, a court-appointed receiver, a custodian, or another official? | e possession of an assignee for the benefit of |
| | Mo ☐ Yes | | |
| Pa | art 5: | List Certain Gifts and Contributions | |
| 13. | Within 2 | years before you filed for bankruptcy, did you give any gifts with a | otal value of more than \$600 per person? |
| | ✓ No ☐ Yes. | . Fill in the details for each gift. | |
| 14. | Within 2 to any c | ? years before you filed for bankruptcy, did you give any gifts or cont harity? | ributions with a total value of more than \$600 |
| | ☑ No □ Yes. | . Fill in the details for each gift or contribution. | |

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| Debtor 1 | Larry Alpho | nza E | Bowen | Case numb | ber (if kn | own) | |
|-------------------------------|------------------------------------|-------------|-------------------|--|------------|-----------------------------------|----------------------|
| Part 6: | List Cert | ain L | osses | | | | |
| | n 1 year before disaster, or ga | - | | ptcy or since you filed for bankruptcy, did you lo | ose anyti | ning because of th | neft, fire, |
| ☐ Ye | o es. Fill in the de | etails. | | | | | |
| Part 7: | List Cert | ain P | ayments or | Transfers | | | |
| | | | | ptcy, did you or anyone else acting on your beha nkruptcy or preparing a bankruptcy petition? | alf pay o | r transfer any pro | perty to |
| includ | e any attorneys | , bankı | ruptcy petition p | preparers, or credit counseling agencies for services | s required | d for your bankrupt | cy. |
| ☐ No | o es. Fill in the de | etails. | | | | | |
| Charles N | II. Langevin, C | lr. | | Description and value of any property transfer Payment for Bankruptcy Petition Preparat | | Date payment or transfer was made | Amount of payment |
| | norial Drive | | | | | 08/15/2017 | \$249.00 |
| | treet | | | - | | | |
| Stone Mo | | GA State | 30083 ZIP Code | - - | | | |
| | bankruptcy.c site address | om | | - | | | |
| Person Who | Made the Paymen | t, if Not | You | - | | | |
| CC Advis | ing Was Paid | | | Description and value of any property transfer Payment for Credit Counseling | rred | Date payment or transfer was made | Amount of payment |
| | ington Ave. | | | - | | 08/18/2017 | \$9.76 |
| Suite 200 | | | | - | | | |
| Bay City | | MI State | 48708 | - | | | |
| City www.ccar Email or webs | dvising.com | State | ZIP Code | - | | | |
| Person Who | Made the Paymen | t, if Not | You | - | | | |

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| Dep | tor 1 | Larry Alphonza Bowen | Case number (if known) |
|-----|---------------|--|--|
| 17. | | 1 year before you filed for bankruptcy, did you or anyone else acting or who promised to help you deal with your creditors or to make paymen | |
| | - | nclude any payment or transfer that you listed on line 16. | · |
| | ☑ No ☐ Yes | s. Fill in the details. | |
| 18. | | 2 years before you filed for bankruptcy, did you sell, trade, or otherwise ly transferred in the ordinary course of your business or financial affair | |
| | | both outright transfers and transfers made as security (such as granting of a nelude gifts and transfers that you have already listed on this statement. | a security interest or mortgage on your property). |
| | ☑ No ☐ Yes | s. Fill in the details. | |
| 19. | | 10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.) | to a self-settled trust or similar device of which |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| Pa | art 8: | List Certain Financial Accounts, Instruments, Safe Depo | sit Boxes, and Storage Units |
| 20. | | 1 year before you filed for bankruptcy, were any financial accounts or it closed, sold, moved, or transferred? | nstruments held in your name, or for your |
| | | checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions. | f deposit; shares in banks, credit unions, brokerage |
| | ☑ No ☐ Yes | s. Fill in the details. | |
| 21. | | now have, or did you have within 1 year before you filed for bankrupto urities, cash, or other valuables? | y, any safe deposit box or other depository |
| | ☑ No ☐ Yes | . Fill in the details. | |
| 22. | | ou stored property in a storage unit or place other than your home with | in 1 year before you filed for bankruptcy? |
| | ☑ No ☐ Yes | . Fill in the details. | |
| Pa | art 9: | Identify Property You Hold or Control for Someone Else | |
| 23. | | hold or control any property that someone else owns? Include any proin trust for someone. | operty you borrowed from, are storing for, |
| | ✓ No ☐ Yes | . Fill in the details. | |

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to the second se

| Deb | otor 1 | Larry Alphonza Bowen | Case number (if known) |
|-----|------------------|--|---|
| Р | art 10: | Give Details About Environmental Information | |
| For | the pur | rpose of Part 10, the following definitions apply: | |
| | hazardo | nmental law means any federal, state, or local statute or regulation ous or toxic substance, wastes, or material into the air, land, soil, s ng statutes or regulations controlling the cleanup of these substan | surface water, groundwater, or other medium, |
| | | eans any location, facility, or property as defined under any environ t or used to own, operate, or utilize it, including disposal sites. | nmental law, whether you now own, operate, or |
| | | ous material means anything an environmental law defines as a hance, hazardous material, pollutant, contaminant, or similar item. | azardous waste, hazardous substance, toxic |
| Rep | oort all n | notices, releases, and proceedings that you know about, regardles | s of when they occurred. |
| 24. | Has an law? | ny governmental unit notified you that you may be liable or potent | ally liable under or in violation of an environmental |
| | Mo ☐ Yes | o es. Fill in the details. | |
| 25. | Ø No | you notified any governmental unit of any release of hazardous ma os. Fill in the details. | teríal? |
| 26. | Have y | you been a party in any judicial or administrative proceeding unde s. | r any environmental law? Include settlements and |
| | ☑ No □ Yes | es. Fill in the details. | |
| Р | art 11: | Give Details About Your Business or Connections | o Any Business |
| 27. | Within busine | n 4 years before you filed for bankruptcy, did you own a business oess? | or have any of the following connections to any |
| | | A sole proprietor or self-employed in a trade, profession, or other ac A member of a limited liability company (LLC) or limited liability part A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation | nership (LLP) |
| | | o. None of the above applies. Go to Part 12. es. Check all that apply above and fill in the details below for each bus | iness. |
| 28. | | e 2 years before you filed for bankruptcy, did you give a financial sancial institutions, creditors, or other parties. | atement to anyone about your business? Include |
| | □ No □ Yes | o es. Fill in the details below. | |

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The state of the s

| Debtor 1 | Larry Alphonza Bowen | Case number (if known) |
|---------------|---|--|
| Part 12: | Sign Below | |
| that answer | rs are true and correct. I understand the | x clair Affairs and any attachments, and I declare under penalty of perjury at making a false statement, concealing property, or obtaining money or case can result in fines up to \$250,000, or Imprisonment for up to 20 years, X Signature of Debtor 2 |
| Did you att | ach additional pages to Your Statement | of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ☑ No ☐ Yes | | |
| Did you pa | y or agree to pay someone who is not a | n attorney to help you fill out bankruptcy forms? |
| □ No | | |
| ✓ Yes. N | ame of person <u>Charles M. Langevin,</u> | |
| | | Declaration, and Signature (Official Form 119). |

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| | | | | | = | | |
|-------|---|---|---------------------------|--|--------------------------------------|--|-----------|
| Fi | II in this inf | ormation to id | entify your case: | | Į | | |
| De | btor 1 | Larry | Alphonza | Bowen | | | |
| | | First Name | Middle Name | Last Name | | | |
| | btor 2 couse, if filing) | First Name | Middle Name | Last Name | | | |
| (3) | ouse, ir filing) | First Name | Middle Name | Last Name | | | |
| Un | ited States Bar | nkruptcy Court for t | the: <u>EASTERN DIS</u> T | RICT OF VIRGINIA | | | |
| Ca | se number | | | | | ☐ Check if the | nie ie an |
| (if | known) | | | | | amended | |
| | icial Form | | or Individuals | Filing Under Chap | ter 7 | | 12/15 |
| lf yo | u are an indivi | idual filing under | chapter 7, you must | fill out this form if: | | | |
| ■ c | reditors have | claims secured b | y your property, or | | | | |
| ■ у | ou have lease | d personal prope | rty and the lease has | not expired. | | | |
| You | must file this | form with the cou | ırt within 30 davs afte | er you file your bankruptcy ; | petition or by the date se | et for the meeting | |
| of cr | editors, which | | • | ds the time for cause. You | · • | - | |
| | | ple are filing toge t sign and date th | | ooth are equally responsible | for supplying correct in | nformation. | |
| | • | • | • | is needed, attach a separat | e sheet to this form. Or | the top of any | |
| auon | tional pages, i | write your name a | and case number (if k | nown). | | | |
| Pa | rt 1: List | t Your Credito | rs Who Hold Sec | ured Claims | | | |
| 1. | For any credi | | | ile D: Creditors Who Hold C | laims Secured by Prope | erty (Official Form 106 | D), |
| | Identify the creditor and the property that is collateral | | | al What do you inter property that secu | | Did you claim the pro as exempt on Schede | |
| | Creditor's name: | Fort Lauderda | ale Beach Resort | Surrender the Retain the pro | property. perty and redeem it. | ☐ No ☐ Yes | |
| | Description of | Timeshare | Retain the pro | perty and enter into a | | | |
| | property securing debt: | | | | perty and [explain]: | | |
| | Creditor's | GM Financial | | ☐ Surrender the | | □ No | |
| | name: | | | | perty and redeem it. | ☐ Yes | |
| | Description of property | - | | Retain the pro | perty and enter into a Agreement. | | |
| | securing debt: | | | | perty and [explain]: | | |

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| Debtor 1 | Larry Alphonz | a Bowen | | Case number (if known) | |
|----------------|--------------------------------|--|---------------------------|-------------------------------|---|
| Part 2: | List Your U | nexpired Personal Pro | operty Leases | | ······································ |
| fill in the ir | nformation below. | | ses. Unexpired leases are | leases that are still in effe | red Leases (Official Form 106G), act; the lease period has not .S.C. § 365(p)(2). |
| Descr | ribe your unexpire | d personal property leases | 6 | | Will this lease be assumed? |
| | iption of leased R | felrose Apartments tesidential Lease Agreer | ment | | ☐ No ☑ Yes |
| Part 3: | Sign Below | | | | |
| X Larry Al | photo Bowen De | declare that I have indica subject to an unexpired le | Signature of Debtor 2 | y property of my estate th | at secures a debt and |
| | 18/18/201/X /IM / DD / YYYY | | Date MM / DD / YYYY | | |

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| | Fill in t | his information to | o identify your case | : | Check one box only as directed in this |
|----------------|--|--|--|---|---|
| Γ | Debtor 1 | Larry | Alphonza | Bowen | form and in Form 122A-1Supp: |
| | | First Name | Middle Name | Last Name | 1. There is no presumption of abuse. |
| | Debtor 2 (Spouse, | if filing) First Name | Middle Name | Last Name | 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). |
| | United St | ates Bankruptcy Court | for the: EASTERN DIS | TRICT OF VIRGINIA | 3. The Means Test does not apply now because |
| | Case nun (if known) | | | | of qualified military service but it could apply later. |
| | | | | | Check if this is an amended filing |
| <u>C</u> | Official | Form 122A-1 | | | |
| 0 | hapte | r 7 Statement | of Your Current | Monthly Income | 12/15 |
| in an an | ccurate. formatio re exemp ilitary se | If more space is need n applies. On the top ted from a presumpti | ded, attach a separate s o of any additional page ion of abuse because yo | heet to this form. Include s, write your name and cas ou do not have primarily co | ther, both are equally responsible for being e the line number to which the additional case number (if known). If you believe that you consumer debts or because of qualifying f Abuse Under § 707(b)(2) (Official Form |
| | Part 1: | Calculate You | r Current Monthly I | ncome | |
| 1. | What | is your marital and fil | ling status? Check one | only. | |
| | □ N | lot married. Fill out Co | olumn A, lines 2-11. | | |
| | □ N | larried and your spot | use is filing with you. F | ill out both Columns A and E | I B, lines 2-11. |
| | ✓ N | larried and your spou | use is NOT filing with yo | ou. You and your spouse a | are: |
| | | Living in the same | e household and are no | t legally separated. Fill out | ut both Columns A and B, lines 2-11. |
| | 5 | declare under pena | alty of perjury that you an | d your spouse are legally se | 2-11; do not fill out Column B. By checking this box, you separated under nonbankruptcy law that applies or that you ing the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). |
| | | or the sale of the | processing to the process of the pro | | |
| # | | | Sie Hippydig (1996) | of the state of the second | randi. |
| | | | | | |
| 2. | | ross wages, salary, to all payroll deductions | tips, bonuses, overtime i). | , and commissions | \$45.47 |
| 3. | | ny and maintenance mn B is filled in. | payments. Do not includ | de payments from a spouse | e <u>\$0.00</u> |
| 4. | expen regulai your de | ses of you or your de r contributions from an ependents, parents, an se only if Column B is | ce which are regularly pependents, including che unmarried partner, memod roommates. Include renot filled in. Do not include | ild support. Include bers of your household, egular contributions from | \$0.00 |

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| Deb | otor 1 Larry Alp | honza Bowen | | | с | ase number (if f | (nown) | |
|-----|--|--------------------|--------------------|-------------------|-----------|------------------|--------|------------------------------|
| | | | | | | | | |
| 5. | Net income from o | perating a busin | ess, profession, o | or farm | | | | |
| | | | Debtor 1 | Debtor 2 | | | | |
| | Gross receipts (beforeductions) | ore all | \$0.00 | | _ | | | |
| | Ordinary and neces expenses | sary operating - | \$0.00 | | - Copy | | | |
| | Net monthly income profession, or farm | e from a business, | \$0.00 | | _ here ⋺ | \$0.00 | | |
| 6. | Net income from re | ental and other re | eal property | | | | | |
| | | | Debtor 1 | Debtor 2 | | | | |
| | Gross receipts (before deductions) | ore all | \$0.00 | | _ | | | |
| | Ordinary and neces expenses | sary operating - | \$0.00 | | – Сору | | | |
| | Net monthly income other real property | e from rental or | \$0.00 | | here → | \$0.00 | | |
| 7. | Interest, dividends | , and royalties | | | | \$0.00 | | |
| 8. | Unemployment co | mpensation | | | | \$0.00 | | • |
| | Do not enter the am benefit under the So | | | | | | | |
| | For you | | | \$0 | .00 | | | |
| | For your spouse | ,, | | | _ | | | |
| 9. | Pension or retirem was a benefit under | | | ount received tha | it . | \$0.00 | | |
| 10, | 0. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. | | | | | | | |
| | | | | | | | | |
| | Total amounts from | separate pages, i | f any. | | +. | | + | |
| 11. | Calculate your tota Add lines 2 through Then add the total for | 10 for each colum | nn. | 3. | [| \$45.47 | + | Total current monthly income |

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| Debtor 1 Larry Alphonza Bowen | | Case number (if known) |
|---|--|--|
| Part 2: Determine Whether the | Means Test Applies to You | |
| 12. Calculate your current monthly income | e for the year. Follow these steps: | |
| 12a. Copy your total current monthly inc | come from line 11 | Copy line 11 here \Rightarrow 12a. \$45.47 |
| Multiply by 12 (the number of mont | ths in a year). | X 12 |
| 12b. The result is your annual income for | or this part of the form. | 12b. \$545.64 |
| 13. Calculate the median family income that | at applies to you. Follow these steps: | |
| Fill in the state in which you live. | Virginia |] |
| Fill in the number of people in your house | ehold. 1 | |
| Fill in the median family income for your | state and size of household | 13. \$56,456.00 |
| To find a list of applicable median income instructions for this form. This list may al | | |
| 14. How do the lines compare? | | |
| 14a. | to line 13. On the top of page 1, check | box 1, There is no presumption of abuse. |
| 14b. Line 12b is more than line 13. Go to Part 3 and fill out Form | | e presumption of abuse is determined by Form 122A-2. |
| Part 3: Sign Below | | |
| | of perjury that the information on this si | tatement and in any attachments is true and correct. |
| CHINE STATE | x_ | • |
| Larry Atomorate Bowen Sebtor 1 | Sign | nature of Debtor 2 |
| Date 8/18/2017 | Date | Ð |
| MM / DD / YYYY | | MM / DD / YYYY |

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA US 25 P 2: 00

Alexandria Division

Case No.

Chapter 7

Debtor(s)

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette or by a typed hard copy in scannable format, with Request for Waiver attached, is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

Master mailing list of creditors submitted via:

| (a) | computer diskette listing a total of creditors; or |
|---------------|--|
| (b) s | scannable hard copy, with Request for Waiver attached, consisting of pages, listing a total of creditors |
| (| (Satin) |
| | Debtor |
| | Joint Debtor |
| Date: 8 75 70 | [Check if applicable] Creditor(s) with foreign addresses included on disk/hard copy. |

[diskes ver. R-1/2003]

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BARBARA JEAN BOWEN 3241 QUINCY CROSSING CONYERS GA 30013

CAPITAL ONE PO BOX 30285 SALT LAKE CITY UT 84130

CHARLES M LANGEVIN JR 5060 MEMORIAL DRIVE STONE MOUNTAIN GA 30083

COVINGTON CREDIT 2166 SALEM RD SE SUITE B CONYERS GA 30013

CREDIT ONE
PO BOX 60500
CITY OF INDUSTRY CA 91716

EMORY HEALTHCARE 1364 CLIFTON RD NE ATLANTA GA 30322

FORT LAUDERDALE BEACH RESORT 909 BREAKERS AVENUE FORT LAUDERDALE FL 33304

GENTLE TOUCH DENTAL 1929 OLD SALEM ROAD CONYERS GA 30013

GM FINANCIAL PO BOX 181145 ARLINGTON TX 76096

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INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA PA 19101

MELROSE APARTMENTS 18194 PURVIS DR TRIANGLE VA 22172

MERIDIAN FINANCIAL SERVICES PO BOX 1410 ASHEVILLE NC 28802

MERRICK BANK PO BOX 9201 OLD BETHPAGE NY 11804

MIDLAND FUNDING 2365 NORTHSIDE DRIVE SUITE 300 SAN DIEGO CA 92108

NELNET 121 S 13TH ST LINCOLN NE 68508

NORTH AMERICAN CREDIT SERVICES 2810 WALKER RD CHATTANOOGA TN 37421

NPAS INC PO BOX 99008 BEDFORD TX 76095

PLANTATION GENERAL HOSPITAL PO BOX 740743 CINCINNATI OH 45274

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RADIOLOGY PHYSICIAN SOLUTIONS OF FLORIDA PO BOX 3495 TOLEDO OH 43607

RESURGENS ORTHOPAEDICS PO BOX 720580 ATLANTA GA 30358

ROCKDALE COUNTY ER PHYSICIANS 1412 MILSTEAD AVE CONYERS GA 30012

TRUGREEN
4060 BAY CREEK CHURCH RD
LOGANVILLE GA 30052

VA MEDICAL CENTER 50 IRVING ST NW MANASSAS VA 20112

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8)
 as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| + | \$75 | filing fee administrative fee trustee surcharge |
|---|------|---|
| | | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| + | • | filing fee administrative fee |
|---|---------|----------------------------------|
| | \$1 717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms_html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.